State Parks Facility Rental Application

State of Wisconsin Department of Natural Resources Form 2500-42 11/2005 www.wiparks.net

Please print clearly and mail completed application to the property you wish to visit.

Group Name:				
Name of Responsible Person:				
Daytime Ph	one:			
()			
Location Re	equested:			
Park				
Shelter				
Number in I	Party:			
Your choice	of rental dates:			
1st				
2nd				
Arrival Time	st			
Departure 1	īme:			

Fees

Facility		Electricity	
	No	Yes	
Open Shelter with kitchen		\$45 \$55	
Enclosed shelter capacity less than 50 capacity 50 or more		\$80 \$100	
Picnic Area	\$60		
Auditorium/Amphitheater Rib Mountain—\$150 for 1st 4 hours + \$15 for each additional hour. Instead of this form, use Form 2500-117. All others	\$10	/hour	
TOTAL (send this amount)	\$		

Name		
Address		
City		
State	Zip	
Enclose check to Wisconsin	DNR or charge to:	
■ Master Card	☐ Visa	
Expiration date/_		
Signature:		

LEAVE BLANK - DNR USE ONLY		
Facility Rented	Arrival Date	
Clerk	Refund Number	
Date Processed/Confirmed	Check Number/Date	
Date and Time Received	Clerk	

Notice: You are required to complete this form to apply for shelter rental, under s. 27.01(2)(f), Wis. Stats. The Department cannot process your application unless you provide complete information. Personally identifiable information on this form will be used to administer the parks and forest program and may be used to mail additional state park system information and natural resources surveys. It may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.]. Card information will be kept confidential.